

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018805

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUN 13 1962

Primary Registration District No.

3024

Registrar's No.

39

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		c. CITY OR TOWN Glasgow	
Length of stay in lb 20 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If outside, give location) R. F. D.	
3. NAME OF DECEASED (Type or print) First Ned Middle <del>Raines</del> Last Raines		4. DATE OF DEATH Month June Day 6 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9, 1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	
11. BIRTHPLACE (City and state or country) Douglas County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ??? Raines		13b. MOTHER'S MAIDEN NAME May Cunningham	
14. NAME OF HUSBAND OR WIFE Opal Bader Raines.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Mrs. Ned Raines, Glasgow, Mo. R.R.		Address	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) coronary thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 hr 18 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gastrointestinal bleeding		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 6, 1962 to June 6, 1962 and last saw him alive on June 6, 1962		Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. J. Shan, Jr. M.D.		22b. ADDRESS Lee Hosp. Fayette, Mo	
22c. DATE SIGNED 6-8-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 9, 1962		23c. NAME OF CEMETERY OR CREMATORY Salt Fork Cemetery	
23d. LOCATION (City, town, or county) Cooper County, Missouri		24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.	
25. DATE RECD. BY LOCAL REG. 6-8-62		26. REGISTRAR'S SIGNATURE Katherine Walsh	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER'S RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William V. Wood*

Licensed Embalmer No. 4539.

P. O. Address Boonville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal Permit received 6-8-62